

VEHICLE REIMBURSEMENT REQUEST (REHABILITATION/WINDSHIELD REPLACEMENT)

TO: NHQ CAP/LGT

Date (mmm dd yy): _____

Part I. General Information/Point of Contact.

Wing: _____ **Wing Vehicle ID No.:** _____ **No. of Pages:** _____
Name: _____ **Phone:** () _____
Title: _____ **Fax:** () _____

Part II. Use Only For Vehicle Rehabilitation Reimbursement Request. Attach estimate(s) for maintenance required (paint requests require two estimates and photos of vehicle).

Tires (1-4): _____ **Control Number:** _____
Battery (1 or 2): _____ **Control Number:** _____
Safety (specify type work): _____ **Control Number:** _____

Paint Job: Yes No **Control Number:** _____

Part III. Use Only For Vehicle Self Insurance (VSI) Windshield Replacement Request.

Windshield Replacement (specify type work): _____ **Control Number:** _____

Wing/Region Commander (or designated alternate) Signature

Fax completed form to NHQ CAP/LGT for processing and fax a copy to State Director (information).